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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Junghwa M. Im
Art Unit: 2811

DATE: January 17, 2006

FROM: Dariusz G. Adli

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 11

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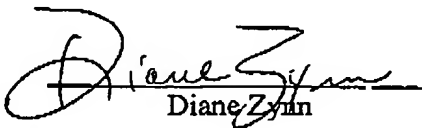
Patent Application No.: 10/664,585; Our Ref. 81751.0066

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal Letter

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

January 17, 2006
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 ART UNIT 2811

CLIENT NUMBER: 81751.0066

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: (return fax to Diane Zynn)

FORM PTO-1083

81751.0066

Patent Application No. 10/664,585

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hiroshi MASUYA

Serial No: 10/664,585

Filed: September 17, 2003

For: Semiconductor Device and Method of Manufacturing
the Same, Circuit Board, and Electronic Instrument

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Art Unit: 2811

Examiner: Junghwa M. Im

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(571) 273-8300:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

January 17, 2006

Date of Deposit

Diane Zynn

Name

Signature *Diane Zynn* 01/17/06
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	8	-	20	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$100 SM=\$200	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$0
Independent Claims: 1 and 21					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Darius G. Adli
Darius G. Adli

Registration No. 51,386

Attorney for Applicant(s)

Date: January 17, 2006

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Appl. No. 10/664,585
Amdt. Dated January 17, 2006
Reply to Office Action of October 17, 2005

Attorney Docket No. 81751.0066
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hiroshi MASUYA

Serial No: 10/664,585

Confirmation No.: 3682

Filed: September 17, 2003

For: SEMICONDUCTOR DEVICE AND
METHOD OF MANUFACTURING
THE SAME, CIRCUIT BOARD, AND
ELECTRONIC INSTRUMENT

Art Unit: 2811

Examiner: Junghwa M. Im

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Diane Zynn

Name

Signature

01/17/06

Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 17, 2005, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.